

FORM 5. INVOLUNTARY PETITION

United States Bankruptcy Court Western District of Virginia		INVOLUNTARY PETITION	
IN RE (Name of Debtor - If Individual: Last, First, Middle) ZyGEM Corp.		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)	
Last four digits of Social-Security or other Individual's Tax-ID No./Complete EIN (If more than one, state all.) 27-2946852			
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 705 D. Dale Avenue Charlottesville, VA 22903		MAILING ADDRESS OF DEBTOR (If different from street address)	
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Charlottesville City			
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)			
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11			
INFORMATION REGARDING DEBTOR (Check applicable boxes)			
Nature of Debts (Check one box) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	Type of Debtor (Form of Organization) <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	
VENUE <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		FILING FEE (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>	
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)			
Name of Debtor	Case Number	Date	
Relationship	District	Judge	
ALLEGATIONS (Check applicable boxes)		COURT USE ONLY	
1. <input checked="" type="checkbox"/> Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303(b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or 3.b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.			

Name of Debtor **ZyGEM Corp.**

Case No. _____

B5 (Official Form 5) (12/07) - Page 2**TRANSFER OF CLAIM**

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X/s/ Vernon E. Inge, Jr.

Signature of Petitioner or Representative (State title)

LeClairRyan, A Professional Corporation

Name of Petitioner

April 10, 2013

Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

Vernon E. Inge, Jr.
Riverfront Plaza, East Tower
951 East Byrd Street
Richmond, VA 23219

X/s/ Christian K. Vogel

Signature of Attorney

April 10, 2013

Date

Christian K. Vogel

Name of Attorney Firm (If any)

LeClairRyan
Riverfront Plaza, 951 East Byrd Street
Richmond, VA 23219

Address

Telephone No. **804-343-4095****X/s/ Paul Kinnon**

Signature of Petitioner or Representative (State title)

Paul Kinnon

Name of Petitioner

April 10, 2013

Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

Paul Kinnon
335 Loma Large Drive
Solana Beach, CA 92075

X/s/

Signature of Attorney

April 10, 2013

Date

Name of Attorney Firm (If any)

Address

Telephone No. _____

X/s/ Gary Levine

Signature of Petitioner or Representative (State title)

Gary Levine

Name of Petitioner

April 10, 2013

Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

Gary Levine
12020 Blairmont Court
Glen Allen, VA 23059

X/s/

Signature of Attorney

April 10, 2013

Date

Name of Attorney Firm (If any)

Address

Telephone No. _____

PETITIONING CREDITORS

Name and Address of Petitioner
LeClairRyan, A Professional Corporation
Riverfront Plaza, East Tower
951 East Byrd Street
Richmond, VA 23219

Nature of Claim
Services Performed

Amount of Claim

206,843.27

Name and Address of Petitioner
Paul Kinnon
335 Loma Large Drive
Solana Beach, CA 92075

Nature of Claim
Employment Contract Compensation

Amount of Claim

1,208,613.45

Name and Address of Petitioner
Gary Levine
12020 Blairmont Court
Glen Allen, VA 23059

Nature of Claim
Services Performed and Loan

Amount of Claim

40,000.00

Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.

Total Amount of
Petitioners' Claims

1,560,521.54**1** continuation sheets attached

Name of Debtor **ZyGEM Corp.**

Case No. _____

B5 (Official Form 5) (12/07) - Page 2**TRANSFER OF CLAIM**

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X/s/ Barbara Lindheim

Signature of Petitioner or Representative (State title)

Biocom Partners

Name of Petitioner

April 10, 2013

Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

Barbara Lindheim
1370 Broadway, 5th Floor
New York, NY 10018

X/s/**April 10, 2013**

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No. _____

X/s/ Bill Mason

Signature of Petitioner or Representative (State title)

Vision Resources GBP

Name of Petitioner

April 10, 2013

Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

Bill Mason
Mill House, 37 Mill Lane
Stetchworth CB8 9TR
Newmarket, CAMBS UK

X/s/**April 10, 2013**

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No. _____

X

Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

X

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No. _____

PETITIONING CREDITORS

Name and Address of Petitioner Biocom Partners 1370 Broadway, 5th Floor New York, NY 10018	Nature of Claim Services Performed	Amount of Claim 26,410.10
Name and Address of Petitioner Vision Resources GBP Mill House, 37 Mill Lane Stetchworth CB8 9TR Newmarket, CAMBS UK	Nature of Claim Services Performed	Amount of Claim 78,654.72
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims 1,560,521.54

1 of **1** continuation sheets attached